



APPLICATION FOR CONSTRUCTION PERMIT FOR LONG-TERM CARE FACILITIES

State Form 49453 (R2 / 8-06)

INDIANA STATE DEPARTMENT OF HEALTH / SANITARY ENGINEERING
Approved by State Board of Accounts, 2006

DATE RECEIVED _____

RECEIPT NUMBER _____

PROJECT NUMBER _____

- INSTRUCTIONS:
1. Send check or money order along with plans to:
Indiana State Department of Health
Attention: Cashier's Office
P O Box 7236
Indianapolis, IN 46207-7236
 2. Direct questions to 317/233-7177

FAXED COPIES OF APPLICATIONS WILL NOT BE ACCEPTED

<p>1. OWNER _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone No. _____</p>	<p>5. The Following Documents are Attached:</p> <p>(CHECK WHERE APPLICABLE)</p> <p>A. Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New</p> <p>B. Plot Plan with Site Utilities: <input type="checkbox"/></p> <p>C. Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New</p> <p>D. Plans and Specifications certified by Architect or Engineer: <input type="checkbox"/></p> <p>E. Number of Licensed Beds _____ (1) Comprehensive Care <input type="checkbox"/> (2) Residential Care <input type="checkbox"/></p> <p>F. Fees Required by 410 IAC 6-12-17. <input type="checkbox"/> (see other side)</p>
<p>2. OWNER'S DESIGNATED AGENT</p> <p>Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>_____</p> <p>Phone No. _____</p>	
<p>3. FACILITY (TYPE OF PROJECT)</p> <p>_____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>City _____</p> <p>County _____ Zip _____</p>	<p>6. SIGNATURE</p> <p>Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.</p> <p>_____</p> <p>Printed Name of Person Signing</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Signature of Owner or Designated Agent</p> <p>_____</p> <p>Date Application Signed (month, day, year)</p>
<p>4. ENGINEER/ARCHITECT</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Phone No. _____</p> <p>License # _____</p>	

**INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR
LONG-TERM CARE FACILITIES**

1. Owner Name and address of person, company, firm, municipality, authority, etc.,
2. Authorized Agent Name, title, address, and phone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.
3. Name of Facility or Project State its name, location, and nearest possible address.
4. Name of Engineer/Architect Name, title, company, address and phone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.
5. Check the squares indicating name of documents attached to Application. All documents are required except where inapplicable.
 - A. Specify the type of water supply serving the subject facility, and whether new or existing.
 - B. Plot plan or plans to scale showing property lines, structures, roads, and site utilities.
 - C. Specify the type of sewage disposal serving the subject facility, and whether new or existing.
 - D. Plans, drawn to scale, shall be prepared, by an individual qualified under applicable laws of the State of Indiana. (See No. 4 above, if applicable).
 - E. Specify the number of licensed beds and indicate the level of licensure below.
 - (1) Comprehensive Care
 - (2) Residential Care
 - F. **Fees Required** by Rule 410 IAC 6-12-17.

Health Facility	\$150
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6. SIGNATURE
An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.